



The South African Institute for
Advancement

THE SOUTH AFRICAN INSTITUTE FOR ADVANCEMENT

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BUILDING SUPPORT FOR YOUR ORGANISATION Introduction to Advancement and Fundraising Workshop Cape Town: April 13-14, 2010

REGISTRATION FORM

First name: _____

Surname: _____

Job Designation: _____ Male Female

Name of Organisation: _____

Address: _____

Post code: _____ Telephone: _____

Facsimile: _____ Mobile: _____

E-Mail Address: _____

Institution Website address: _____

Indicate any previous training or qualification in
fundraising? _____

Any Special Requirements/Needs: eg. Poor Eyesight, Hearing Impairment, etc

Dietary Requirements : halaal kosher vegetarian

Signature: _____

Date: _____